



CDC Coffee Break: Applying the NCCDPHP Knowledge to Action Framework

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On Behalf of the NCCDPHP Workgroup on Translation

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Division for Heart Disease and Stroke Prevention

July 12, 2016



MODERATOR:

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Teresa Brady and Aisha Tucker-Brown** as today's presenters, they are both health scientists from the CDC's National Center for Chronic Disease Prevention.

My name is **Amara Ugwu** and I am today's moderator. I am on the Applied Research and Translation team within the **Applied Research and Evaluation Branch**.

Before we begin

All phones have been placed in SILENT mode.

Issues or questions:

- Q & A box on your screen
- AREBheartinfo@cdc.gov



MODERATOR:

Before we begin we have a few housekeeping items.

All participants on the phone, please place your phones on mute.

If you are having issues with audio or seeing the presentation, please message us using the Q & A box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.

Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

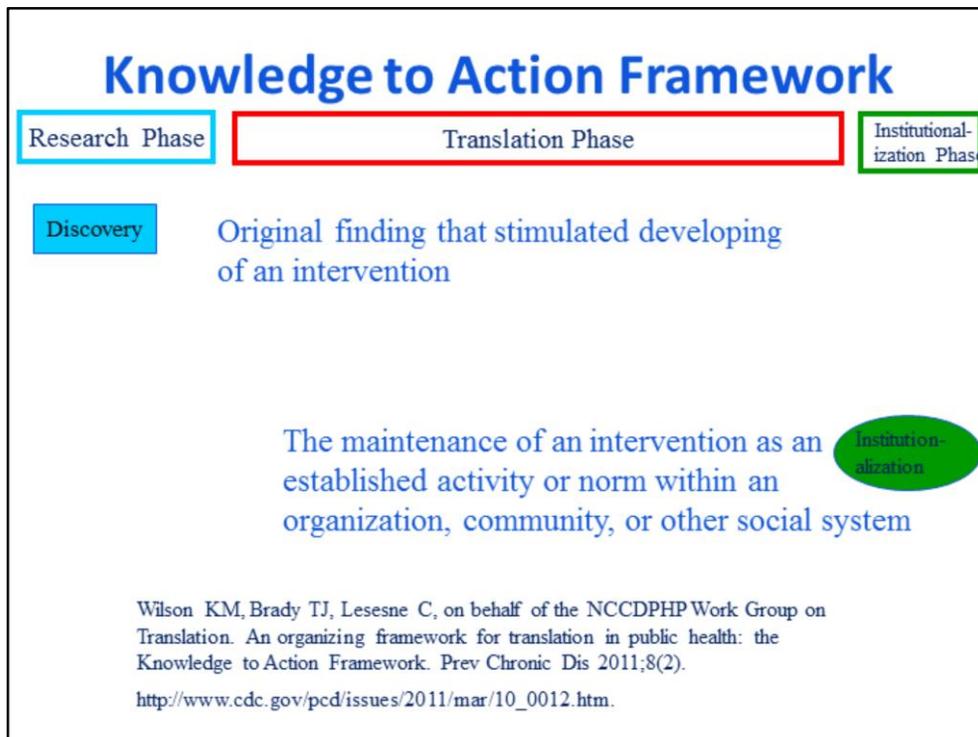
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So, without further delay. Let's get started. Teresa and Aisha, the floor is yours.

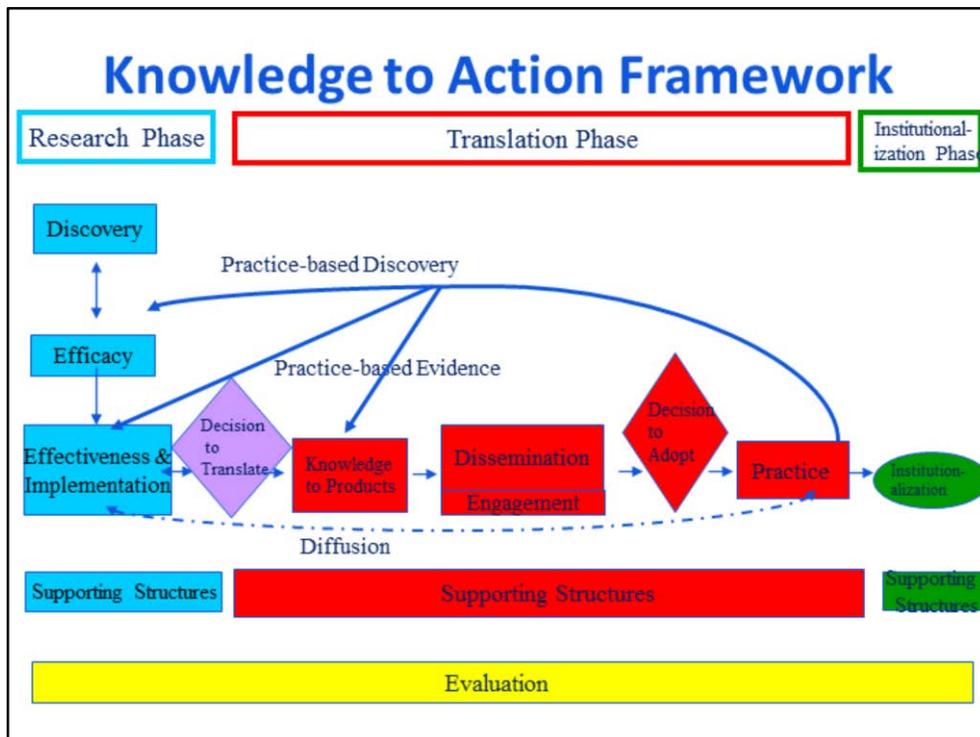
Plan for this session

- Review elements of the NCCDPHP Knowledge to Action (K2A) Framework
- Introduce K2A Planning Tool
- Describe examples of using the K2A Framework in program evaluation

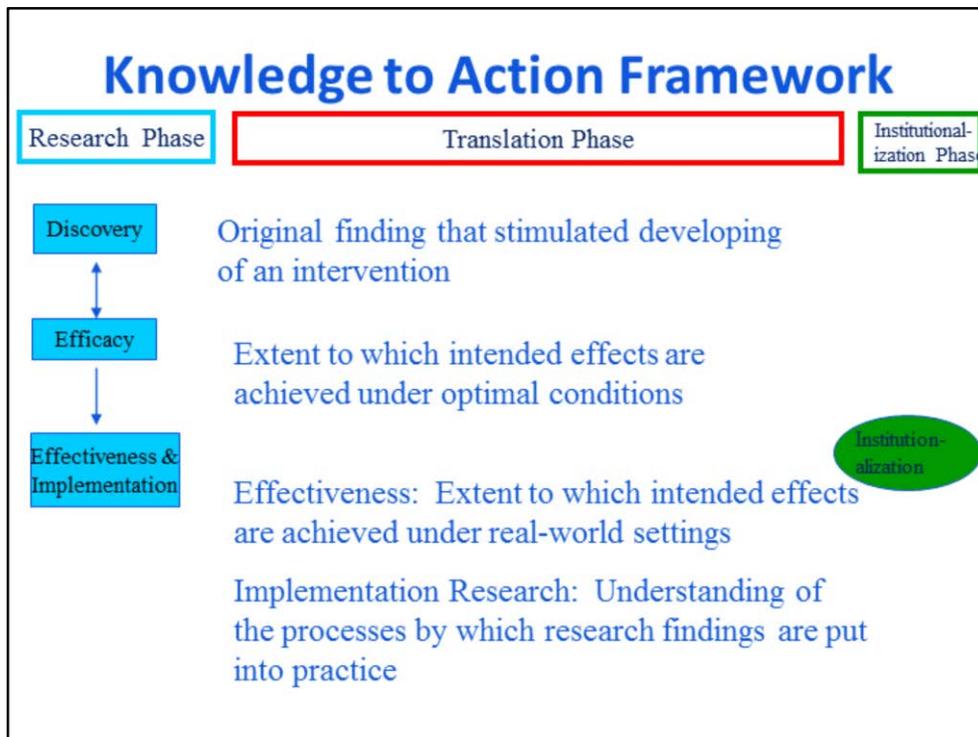
- In this session , Teresa Brady will briefly introduce you to the National Center for Chronic Disease Prevention and Health Promotion’s Knowledge to Action Framework, and a Planning tool to assist in the K2A process
- And Aisha Tucker Brown will describe examples of using the K2A Framework in program evaluation, and a new approach to evaluation called the Enhanced Evaluability Assessment.



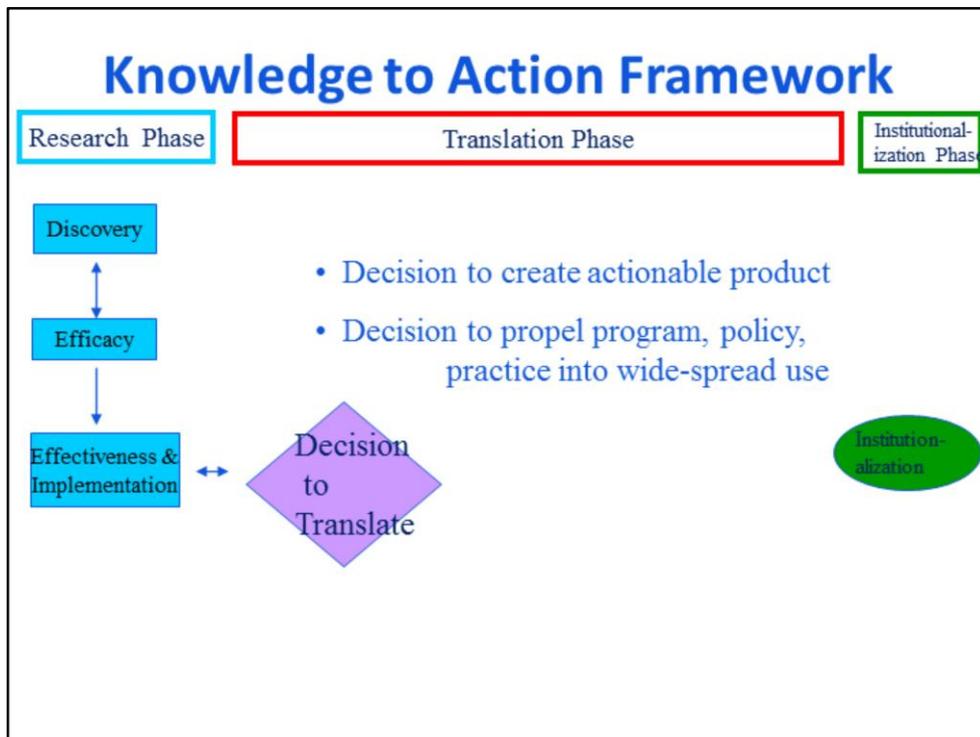
- K2A framework was developed by the NCCDPHP Work Group on Translation (WGOT), and published in 2011 in *Preventing Chronic Disease*
- K2A framework divided into 3 phases:
 - Research—traditional strength of CDC
 - Translation—entire process of putting research into practice
 - Institutionalization –sustaining intervention over time
- The Knowledge to Action or K2A framework is designed to outline the key processes needed to move a scientific discovery out into sustained or institutionalized public health practice
- Impetus for creation of the K2A framework:
 - WGOT members from various disciplines, content areas, divisions, and approaches to public health, and using a variety of different translation-related theories and models
 - WGOT needed common language and conceptualization to work collaboratively
- K2A framework and its accompanying glossary provides that common language and conceptualization



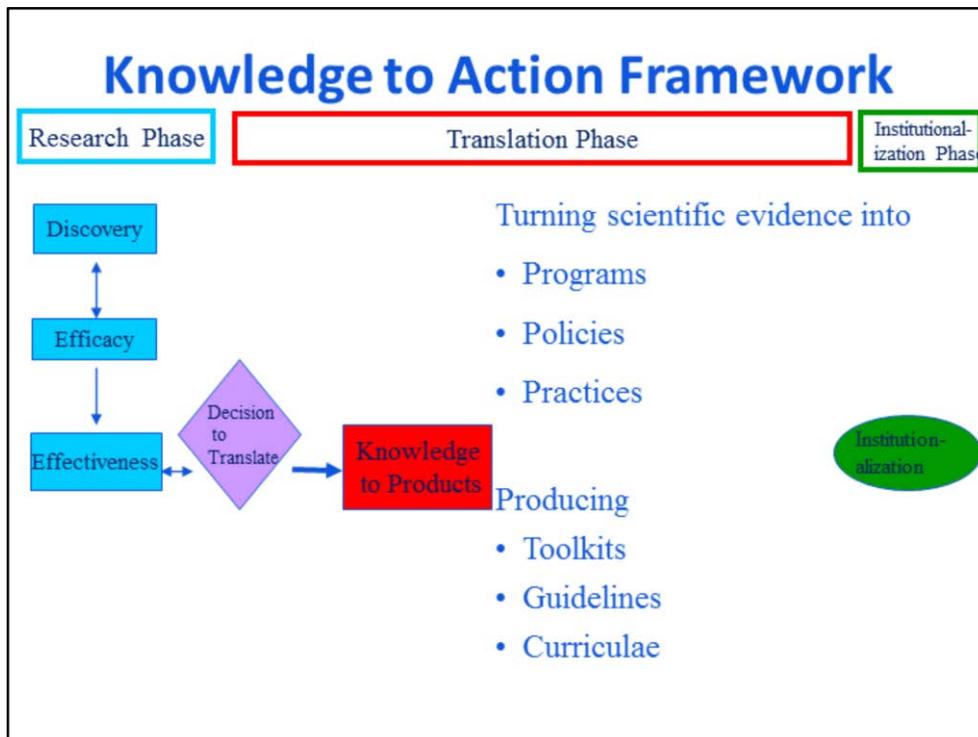
- Full picture of K2A framework tries to capture the key processes in the K2A process, but as a whole, can look overwhelming, so we will walk through it.
- Important to note that K2A Framework:
 - Captures processes at the 20,000' high level.
 - More detailed descriptions likely to vary by intervention
 - Applies regardless of disease/condition or type of intervention.
 - Interventions could be program, policy, practice, etc
 - Incorporates activities of both the research and practice communities.
 - Can be read left to right; or right to left.
- K2A framework is an organizing framework, not a theoretical model with causal relationships
- We recognize the K2A process is not linear (but we are restricted to 2-D)
- Framework only includes the major tasks, (which each have multiple activities)
 - There are many smaller decision points and feedback loops along the way



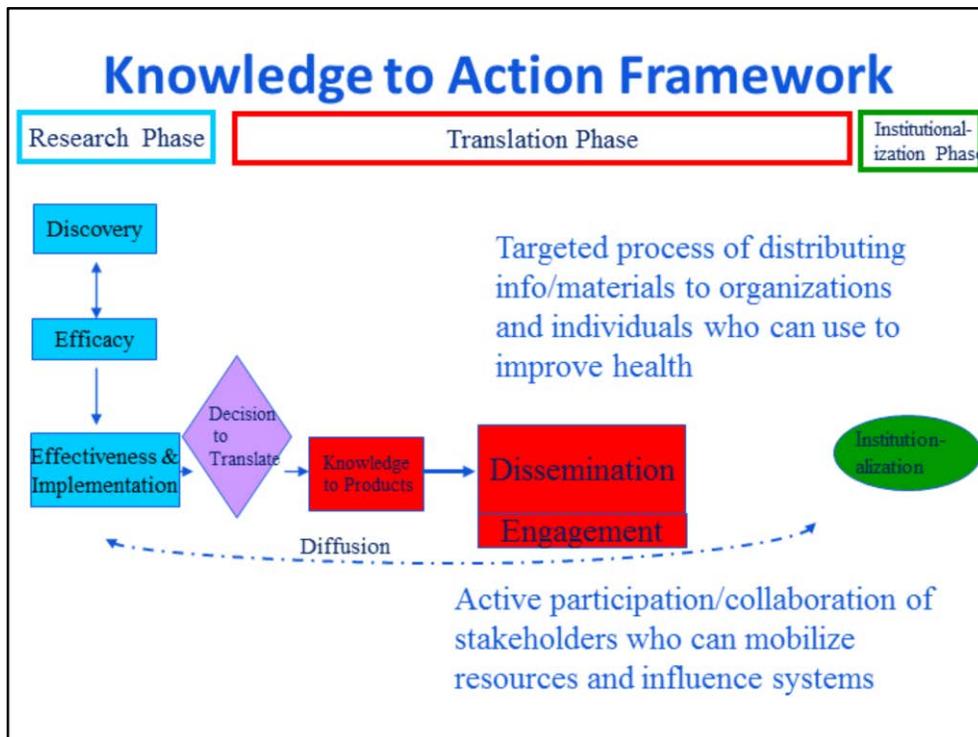
- Research phase consists of elements generally well known and articulated
- K2A Framework uses standard definitions of Discovery, Efficacy, Effectiveness, and Implementation Research



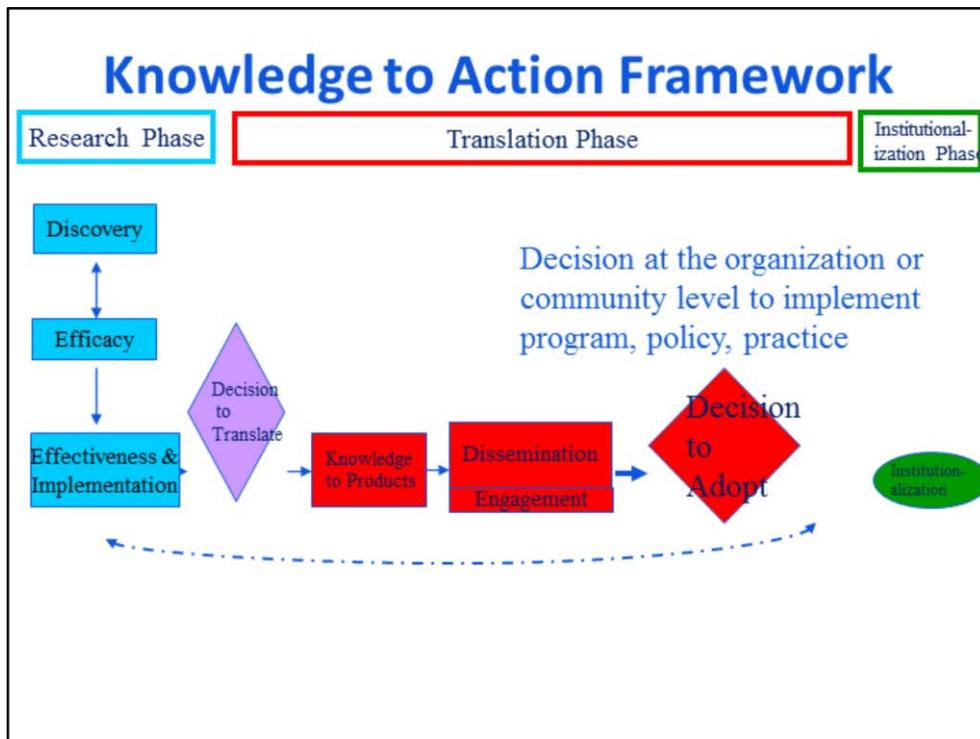
- A critical decision point comes at the Decision to Translate—the decision, based on the strength of the science, to create an actionable product or propel a program, policy, or practice into widespread use.
- Sometimes happens without conscious thought; K2A Framework suggests that this should be a well thought out decision.
- Depicted on the graphic as purple because it is the transition point between the research phase in blue and the translation phase in red.



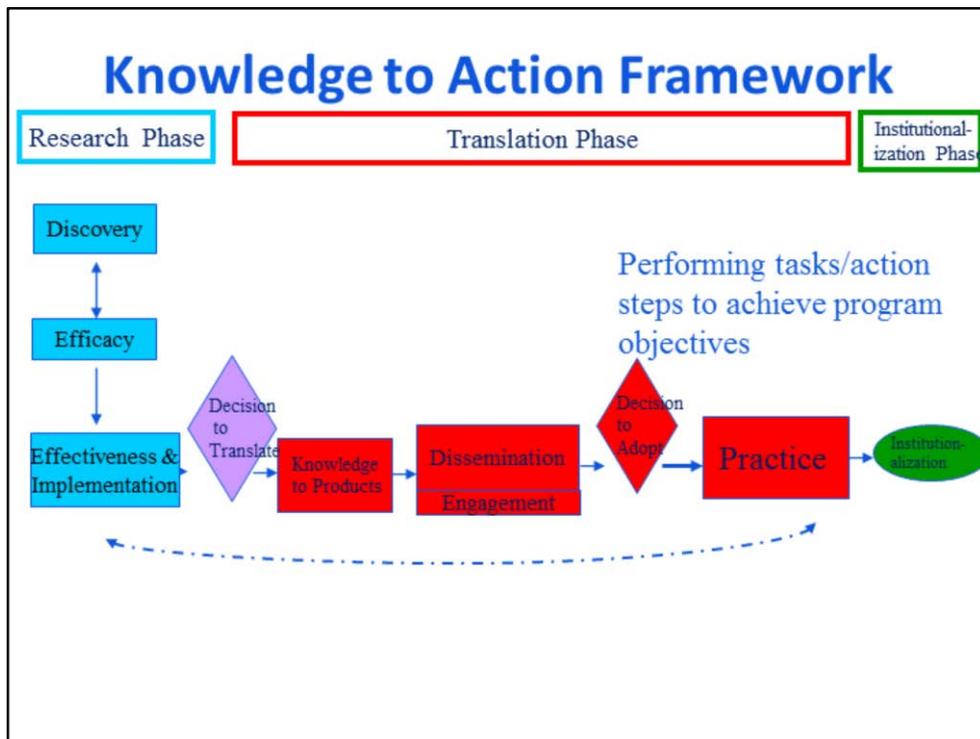
- Translation Phase begins with packaging the scientific knowledge into actionable interventions—programs, policies, practices
- This could take the form of producing guidelines, protocols, toolkits, --whatever allows the implementer to implement the intervention



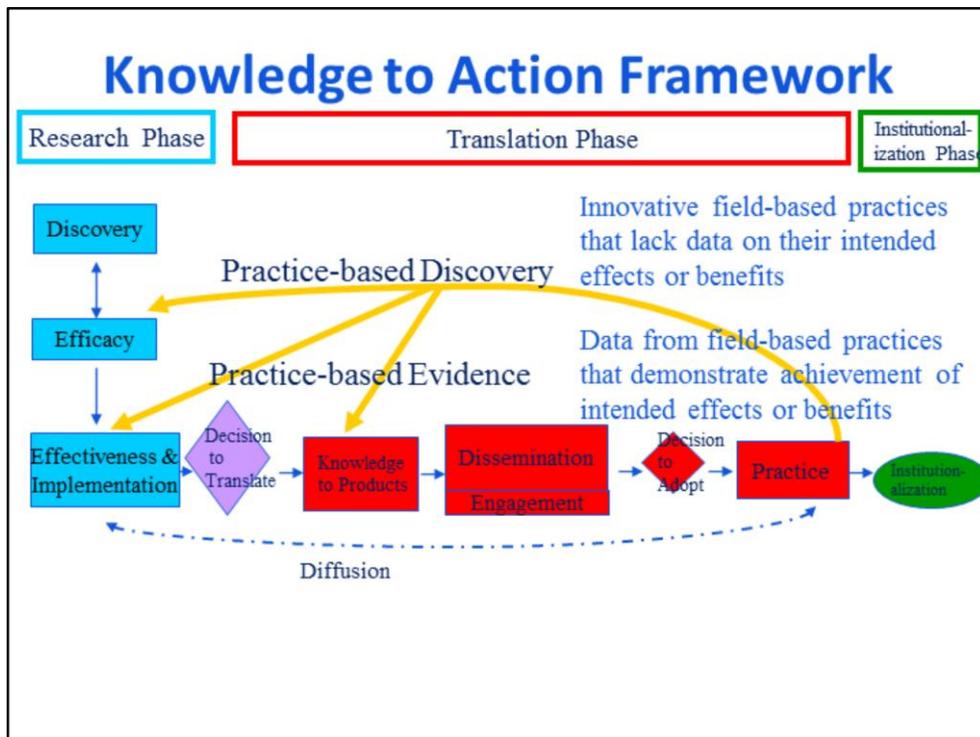
- Next step in the translation process is disseminating the intervention to the people or organizations who can put it into practice to improve health, and
- Actively engaging the stakeholders who can facilitate the implementation process
- These pro-active Dissemination and Engagement processes are in contrast to Diffusion, which is usually seen as a more passive process where innovation spreads via communication channels without intentional efforts to get the intervention into the hands of the people who can implement it.



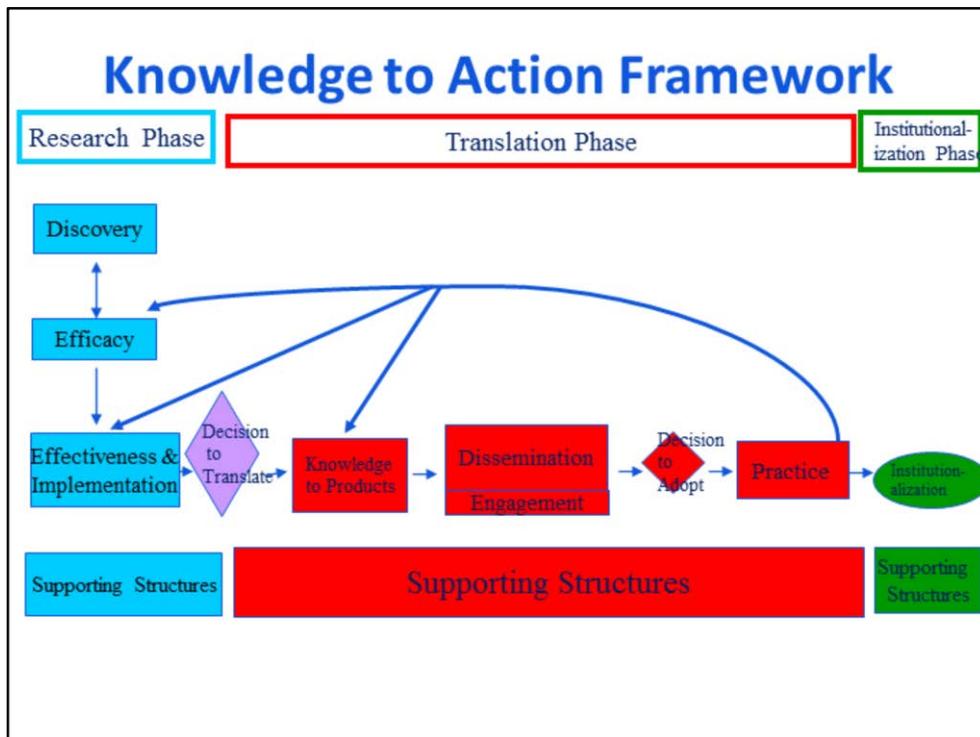
- Next step in the translation phase is the Decision to Adopt—the decision made at the organization or community level to implement the intervention—the science based program, policy or practice



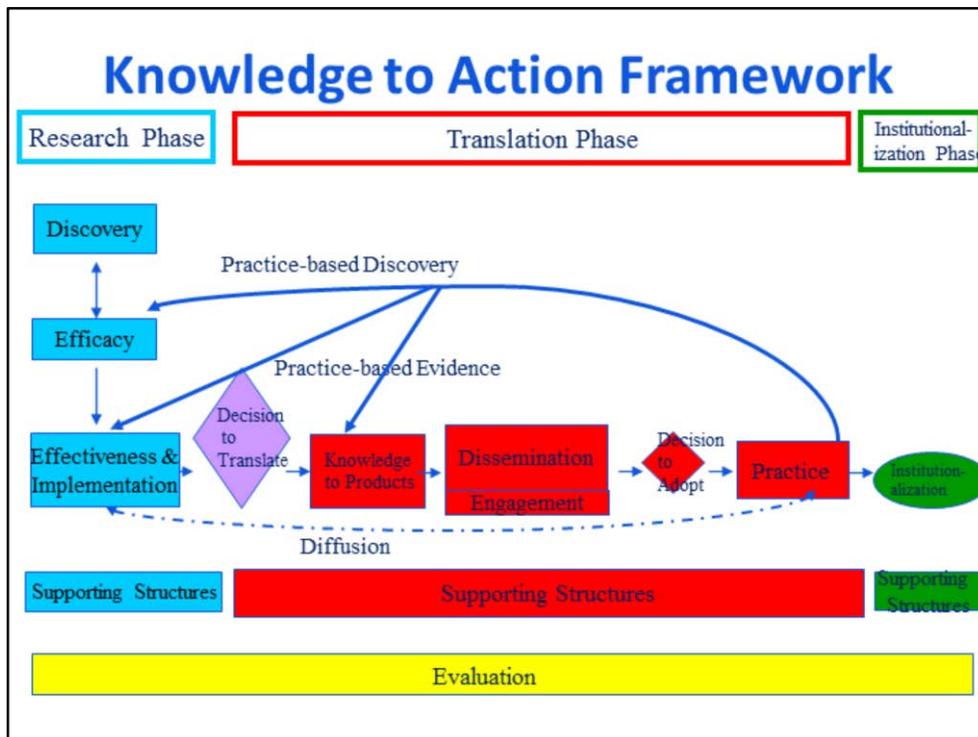
- Final major step in the translation process is what the K2A Framework labeled “Practice”—
 - performing those tasks/action necessary to implement the intervention and achieve the objectives.—
- This single element of the framework encapsulates a myriad of steps depending upon what type of intervention—program, policy, or practice it is.



- One aspect that makes the K2A Framework somewhat unique is the presence of the feedback loops--
 - Field-based practices or data that can be moved back into the research phase to build or strengthen the science base, or to influence the packaging of knowledge into products.
- These feedback loops demonstrate that the K2 A process can start in the research or practice setting, and that the Framework can be read left to right or right to left

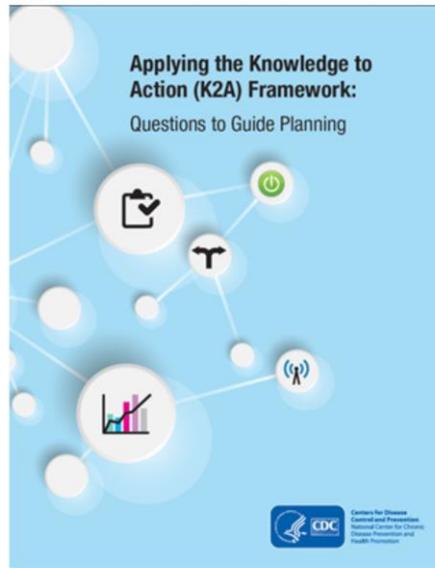


- All three phases of the K2A framework need to be supported by Supporting Structures, that often go under recognized or under-resourced.
- These are elements that enhance the capacity to plan, implement, evaluate, and sustain the activity
 - Includes (but not limited to)
 - Organizational Capacity
 - Financial Resources
 - Training
 - Technical Assistance
 - Marketing
 - Political Will



- Finally, the K2A process needs to be informed by Evaluation at each step along the path.
- The K2A Framework did not attempt to specify what types of evaluation, but recognize that it is an essential part of all K2A processes.
 - Note: here we are talking about Evaluation of the K2A process, not efficacy or effectiveness of the intervention.

Tool to Facilitate Planning for Translation



- Also want to introduce you to the “Planning Tool” which was designed to facilitate use of K2A framework to foster translation of evidence-based interventions* into public health action
- Planning Tool currently available on the WGOT intranet site, but your project officer can download it and send it to you.
- It includes a short set of reflective questions to guide planning for each element of the K2A Framework
- The reflective planning questions are organized by
 - Element of the K2A Framework and by
 - Translation –related role or function

*intervention = programs, policies, practices

Translation-related Functions

-  Intervention Developing and Testing
-  Administrative Decision Making
-  Disseminating
-  Implementing
-  Evaluating

- We identified 5 distinct functions in the process of moving scientific knowledge into public health action.
 - Intervention Developing and Testing—traditionally a research role
 - Administrative Decision Making—at the organizational level
 - Disseminating
 - Implementing—done by practitioners in the field
 - Evaluating
- A single person may assume multiple roles, but the responsibilities of each role, and the questions they need to ask themselves, are different depending on the role they are playing.

Decision to Translate

Decision to Translate: The decision to create an actionable product on the basis of existing science-based knowledge or the decision to propel an evidence-based program, policy, or practice into widespread use.

Questions for those persons responsible for

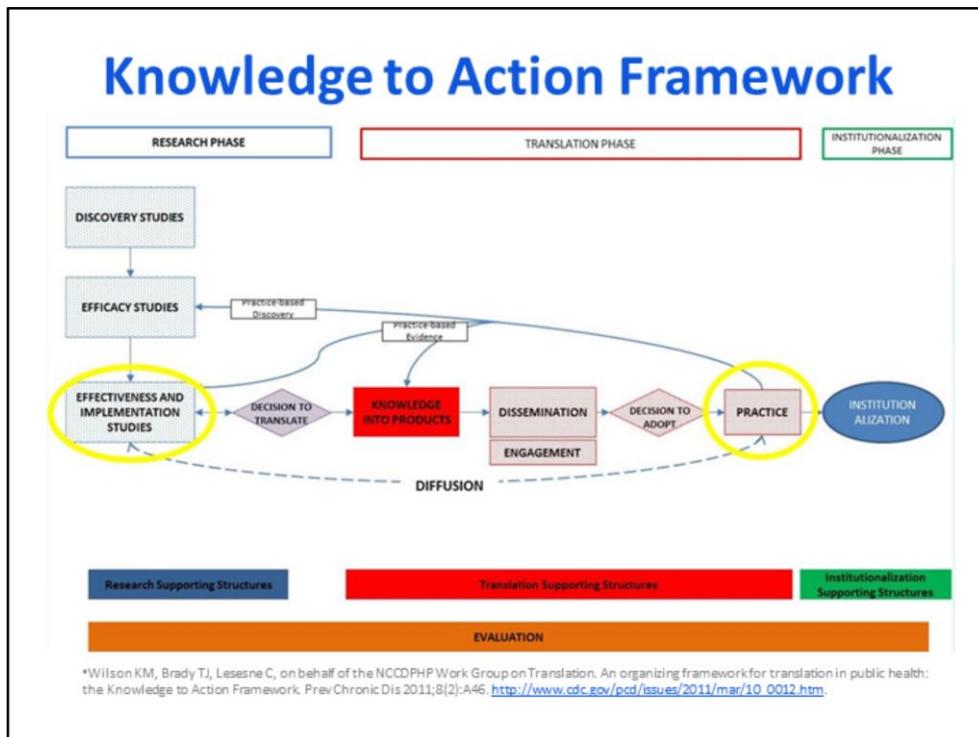
Intervention Developing or Testing	Administrative Decision Making	Implementing	Evaluating
<ul style="list-style-type: none"> Do efficacy, effectiveness, or implementation study results suggest that meaningful public health effects will result from its translation into widespread use? Have effectiveness studies identified factors influencing effective implementation in the field? Can we (or a designer) support the dissemination and implementation of this intervention? 	<ul style="list-style-type: none"> Does the intervention have an adequate evidence base and address a high-priority public health issue? Is this intervention needed? Does the intervention meet the needs of our constituencies? How does this intervention compare with others already available? Is there broad support or buy-in to translate the intervention into practice? Are the supporting structures in place (or can we put them in place) to support implementation of this intervention (i.e., resources, training, technical assistance)? How promising are the economic evaluations (i.e., return on investment, cost benefit, cost effectiveness) data? Have any changes in the background or contextual factors (e.g., sociopolitical climate, time horizon) affected the relevance of this intervention? 	<p><i>Given the role focus on putting interventions (programs, policy or practice) into place, the role will be more engaged and involved in other elements of the K2A framework.</i></p>	<p>How will we assess</p> <ul style="list-style-type: none"> What factors were used to make the decision? If the decision is made to translate, and does it turn out to be the right decision? The effects and unintended consequences of the decision to translate?

- Here is a sample page from the Planning Tool—this is the Decision to Translate page
 - There is a similar page for each element in the Planning Tool
- Each page includes a short set of reflective planning questions by function
 - One of the questions the Administrative Decision-makers may need to ask themselves in the Decision to Translate could be:
 - Does the intervention have an adequate evidence base and address a high-priority public health issue?
 - One of the questions the Evaluators may ask themselves is
 - How will we assess the effects and unintended consequences of the decision to translate?
- The Planning Tool can be used
 - by looking at your current task—are you making the Decision to Translate, or Dissemination—what are the questions we should be asking ourselves, or
 - By function...I am the implementer, or the evaluator on this project—what questions do I need to ask myself to plan for my role in this K2A process.

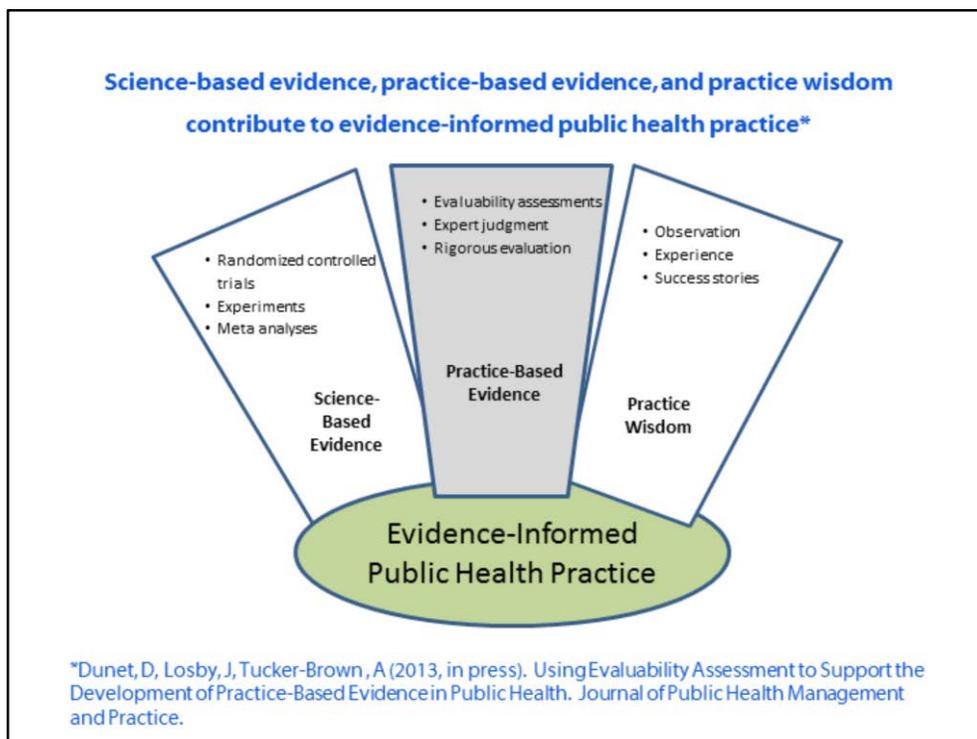
Plan for this session

- Review elements of the NCCDPHP Knowledge to Action (K2A) Framework
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- So far we have done a short review of the NCCDPHP K2A Framework, and a quick tour of a Planning Tool to facilitate using the Framework to plan for translation.
- Now I will turn it over to Aisha to describe how her team used the K2A framework to develop a new approach to program evaluation.



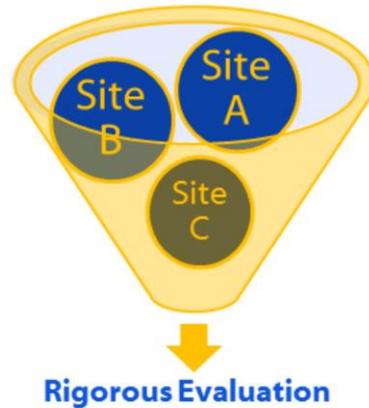
Our team uses the knowledge to action framework to expand practice-based evidence. I won't go into the details of this framework since many of you work within its continuum and Teresa has done such a great job of explaining it, but I would like to point out that we found differences in timelines of evaluation approaches and thought a new model was needed to address the one major challenge we kept confronting. I will discuss how we use the framework to undergird the bulk of the evaluations we complete. A large part of the work we do as evaluators is about evaluating effectiveness, and then addressing the scale and spread of the programs that we find.



The work of the Evaluation Team falls in the middle or grey shaded piece of the figure “Practice Based Evidence”. In an effort to increase the practice based evidence that exists in the field, and provide more evidence for the more innovative things happening that don’t currently have that evidence base. We do that by utilizing an EEA, or systematic screening assessment (SSA). I’m going to explain how the team emerged with the EEA concept through our work in previous evaluation approaches, more specifically SSAs, EAs, and Rigorous Evaluations.

Steps of an EA

- ❑ Completed SSA
- ❑ Site visit – 2-3 days, 2 visitors
- ❑ Re-convene expert panel
- ❑ Invest in rigorous evaluation?



It can help to think of an EA as a funnel, where we start with many potential program strategies and sift through them and at the end of the process we have identified 1 or 2 programs.

Our more rigorous evaluation process is a long, lengthy and in-depth process, that includes a focus on design and methodology. We are looking at both process and outcome evaluation components.

Rigorous Evaluation

- ❑ Design and methodology
 - Both process and outcome evaluation components
- ❑ 30 month process
- ❑ Site visits
- ❑ Ongoing communication with sites



These selections by the panel are deemed ready to undergo a rigorous evaluation where the recommendations are vetted by DHDSP and then a program or two is selected for the evaluation. The process takes 30 months for both outcome and process evaluations to occur.

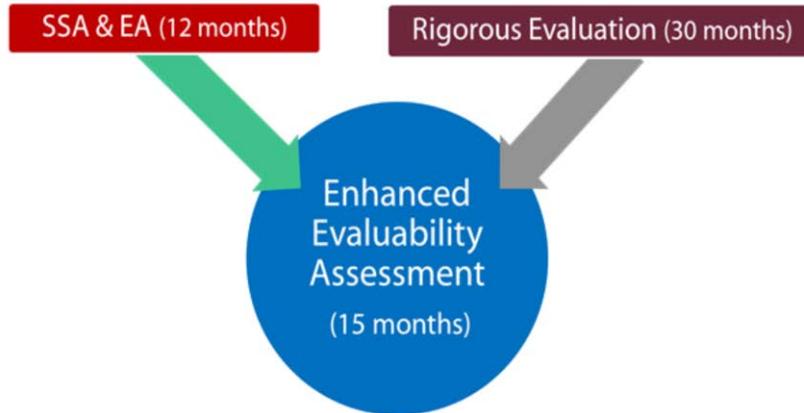
Challenge: Clock Never Stops Running



But time is the challenge. To complete an SSA EA and Rigorous evaluation can take 42 months, which may be too long before information is no longer applicable or valuable.

Enhanced Evaluability Assessment (EEA)

□ 15 month process



Losby JL, Vaughan M, Davis R, Tucker-Brown A. Arriving at Results Efficiently: Using the Enhanced Evaluability Assessment Approach. *Prev Chronic Dis* 2015;12:150413. DOI: <http://dx.doi.org/10.5888/pcd12.150413>.

The EEA brings together key features of an SSA EA and rigorous evaluation but is completed in 15-months!

Steps of Enhanced Evaluability Assessment

- Identification of Evaluable Program: SSA/EA done in-house



An EEA incorporates the SSA methodology of distinguishing whether a program is evaluable, but this is done by an in-house expert panel. An EEA still uses a set of criteria but eliminated the need to convene an expert panel by conducting an internal review.

Steps of Enhanced Evaluability Assessment

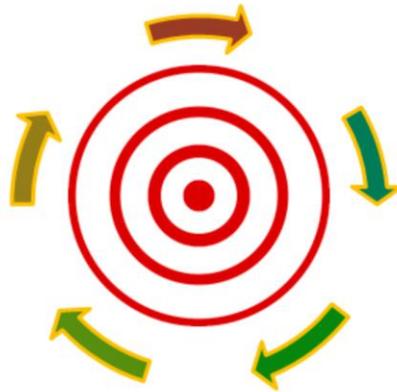
- Program Description : Similar to EA process except it takes less time (2 months compared to 6 months)



The next step of an EEA is to engage the selected site and obtain existing program documents and data to prepare a comprehensive program description, including an accurate logic model.

Steps of Enhanced Evaluability Assessment

- Effectiveness Evaluation: Mixed methods approach and greater reliance on existing data



The intervention site is heavily involved in the evaluation planning and implementation process. A unique aspect of the EEA is the use of an expert panel at the end of the evaluation to assess the intervention along a continuum to determine public health impact and the quality of the evidence.

Components of an EEA

- ❑ SSA/EA Conducted by Internal Panel
- ❑ Review of Program Documents
- ❑ Create Logic Model
- ❑ Site Visit
- ❑ Analysis of Secondary Health Outcome Data
- ❑ Convene Expert Panel

Components of an EEA include:

SSA/EA Conducted by Internal Panel

Review of Program Documents

Create Logic Model

Site Visit

Analysis of Secondary Health Outcome Data

Convene Expert Panel

Sharing the Evidence



We're also committed to ensuring use and sharing lessons learned from our evaluations. Not doing this step well means poor evaluation practice. But, like other evaluators, we sometimes face challenges to effective dissemination. Some examples of these challenges include not planning early and a shortage of resources.

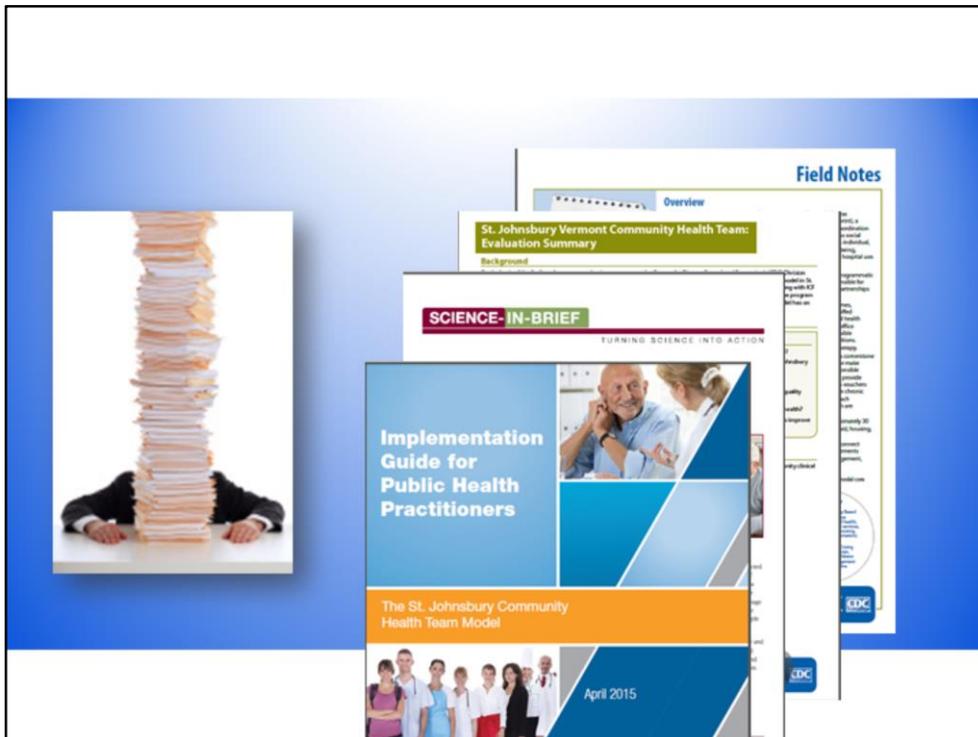
Plan for Dissemination Early

Make a plan...

Product	Target Date	Audience	Lead Contributors	Status	Notes
Presentations					
1					
2					
3					
Written Products					
1					
2					
3					

It is important to think about how to disseminate, and to create a plan early in the evaluation.

A good dissemination plan includes a concrete target date, a sense of the audiences you are trying to reach, a list of stakeholders to engage, and a plan on how to focus on scale and spread.



Our dissemination efforts range from national public health conferences, to smaller audiences like CDC staff. We have published a number of manuscripts in peer-review journals, and a case example in an evaluation text book. Also, we have briefs and implementation guides on the web. Using this method we've been able to develop a series of field notes that provide examples of various approaches used in the field that have undergone the EA process. In addition to the field notes, each of the programs receives a summary report, a logic model, and technical assistance.

http://www.cdc.gov/dhdsp/evaluation_resources.htm

Questions



- Teresa J. Brady, PhD
 - 770-488-5856
 - tob9@cdc.gov
- Aisha Tucker-Brown
 - 770-488-8179
 - htj1@cdc.gov

MODERATOR: At this time, we'll take any questions that the audience may have. You may submit questions through the Q&A box.

Here we have a few questions.

Can anyone use the Knowledge to Action Framework to help with their evaluation work?

Yes the framework is available for all of our use. We should feel free to use it as a planning tool/road map to help us with our evaluations and ensuring use.

Where can I find the dissemination documents that were shared.

All of the resources are available on the DHDSP evaluation web page.

Please Stay with Us

- Short evaluation poll questions

MODERATOR: Please stay with us for a three short poll questions.

NOTE (don't read) Pull up on polls and pause for 15 seconds after each poll question.

The quality of the presentation was:

Excellent

Good

Fair

Poor

The level of information fit my needs.

Yes

Somewhat

No not at all

Considering that this was a brief presentation, overall it was

Excellent

Good

Fair

Poor

Reminders!

All sessions are archived and
the slides and script can be accessed at:

<http://www.cdc.gov/dhds/pubs/podcasts.htm>

If you have any questions, comments, or topic ideas send
an email to:

AREBheartinfo@cdc.gov

MODERATOR:

All sessions are archived and the slides and script can be accessed at our
Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or have any questions, please contact us at the
listed email address on this slide.

Next Coffee Break

When: August 9th at 2:30pm

Topic: A Demo of the DHDSP Community Health Worker Toolkit

Presenter: Amara Ugwu



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, August 9th , 2016 and is entitled **“A Demo of the DHDSP Community Health Worker Toolkit”**.

Thank you for joining us. Have a terrific day everyone. This concludes today’s call.